

**MCHENRY COUNTY  
TUBERCULOSIS CARE AND TREATMENT BOARD MEETING  
2200 N. SEMINARY AVE. BUILDING A  
WOODSTOCK, ILLINOIS 60098  
December 11, 2018  
8:00 AM**

**AGENDA**

1. Call to Order
2. Public Participation
3. Minutes of October 2018 Meeting
4. Consent Agenda
  - A) Disbursements; September - October 2018
  - B) Income and Expense Report; September - October 2018
5. Monthly Reports
  - A) TB Nurse Report
  - B) Statistics
  - C) IDPH Report
  - D) TB Profile Report
6. Program Highlights
7. Old Business
  - A) Bylaws and Rules and Regulations
  - B) Alden Terrace Update
8. New Business
9. Board Issues
10. Information and Communication
11. Executive Session
12. Adjournment

# **MINUTES AND CONSENT AGENDA**

## **MCHENRY COUNTY TUBERCULOSIS AND TREATMENT BOARD**

### **MEETING MINUTES**

**OCTOBER 16, 2018**

#### **CALL TO ORDER:**

Rebecca Rockwood M.T. called the meeting to order at 8:00am; TB Board Members present were: James Mowery M.D, Rebecca Rockwood M.T, Fran Stanwood RN, BSN; Staff present were: Joseph Gugle Administrator Interim, Susan Karras RN, BSN, MBA, Director of Nursing, Jennifer Schorsch RN, BS, NE-BC, Assistant Director of Nursing, Janet Engelking RN, BSN, MSN, Communicable Disease Coordinator, Danielle Burck RN BSN, and Amanda Kurka RN BSN.

#### **MINUTES:**

James Mowery M.D made motion to approve TB Board Minutes from July 24, 2018; second by Rebecca Rockwood M.T.

#### **FINANCIAL STATUS:**

James Mowery M.D reviewed the Disbursements for July/August 2018. James Mowery M.D made motion to approve; second by Rebecca M.T. Rebecca questioned the expense of \$16,050.00 under line item 4008-Subscriptions. Susan Karras RN, BSN, MSN informed her that the expense was for our new E H R software.

#### **MONTHLY REPORTS:**

Amanda Kurka RN BSN, reviewed TB Nurse Reports for July/August 2018.

##### **Skin Testing**

- In July, 19 clinics were held with 60 skin tests performed. 0 IGRAs collected.
- In August, 23 clinics were held with 106 skin tests performed. 1 IGRAs collected.

##### **Doctor Clinic**

- On July 16th Doctor Clinic was held with 10 chest x-rays and 15 charts reviewed.
- On August 27th Doctor Clinic was held with 8 chest x-rays and 15 charts reviewed.

##### **Patient Update**

- 1 active client on DOT, in the continuation phase completing treatment on September 17<sup>th</sup>.

##### **Activities**

- Old Firehouse Assistance Center testing: 8/28/18 and 8/31/18- 5 clients tested.

**MCHENRY COUNTY HEALTH DEPARTMENT**

**TB - DISBURSEMENTS**

**September-October 2018 (FY18)**

**SUMMARY**

<b>PERSONAL SERVICES:</b>	<b>ACCT#</b>	<b>PAYROLL</b>
Acevedo, Lola	3010	\$ 5,829.04
Cazares, Maria	3020	\$ 877.95
Kurka, Amanda	3010	\$ 8,721.08
Schoen, Faith	3010	\$ 2,565.45
Burck, Danielle	3010	\$ 5,139.32
JE218193 - Reverse Payroll Accrual - 11/30/17	3010	\$ (8,451.00)
JE218193 - Reverse Payroll Accrual - 11/30/17	3020	\$ (701.00)
JE218193 - Reverse Payroll Accrual - 11/30/17	3025	\$ (1,525.00)
	3025	Included in above
FICA	3105	\$ 1,769.66
JE218197 - Reverse Payroll Accrual - 11/30/17	3105	\$ (808.00)
IMRF	3110	\$ 2,308.67
JE218197 - Reverse Payroll Accrual - 11/30/17	3110	\$ (1,100.00)
 <b>INSURANCE</b>	 3146	 \$ 4,243.78
<b>Payroll subtotal</b>	<b>\$</b>	<b>18,869.95</b>

<b>DESCRIPTION:</b>	<b>ACCT #</b>	<b>AMOUNT</b>
Contractual Services	4001	
Assoc. Dues/Memberships	4005	\$ 80.00
Training	4006	\$ 65.00
Subscriptions	4008	
Printing	4055	
Telephone	4096	\$ 137.84
Rent	4101	
Maint. Agreements	4130	\$ 37.59
Maint Office Equipment	4131	
Medical	4246	\$ 1,186.00
Special Consultants	4435	
Private Lab Services	4442	\$ 68.32
Refuse disposal	4449	
Contingent	4570	
Office Supplies	5010	
Office Equipment	5020	
Postage	5030	
Mileage	5040	\$ 468.71
Meeting Expenses	5050	\$ 3.90
Supplies	5070	
Medical Supplies	5080	\$ 194.12
Medication	5085	\$ 599.75
Refund	8090	\$ 10.00

**Expense Total \$ 2,851.23**

**Grand Totals \$ 21,721.18**

**MCHENRY COUNTY HEALTH DEPARTMENT**  
**TB - DISBURSEMENTS**  
**October 2018 (FY18) as of 11/9/2018**

	<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
	Acevedo, Lola	3010	\$ 2,914.53
	Cazares, Maria	3020	\$ -
	Kurka, Amanda	3010	\$ 4,360.54
	Schoen, Faith	3010	\$ 872.11
	Burck, Danielle	3010	\$ 2,569.66
JE218193	Reverse Payroll Accrual - 11/30/17	3010	\$ (8,451.00)
JE218193	Reverse Payroll Accrual - 11/30/17	3020	\$ (701.00)
JE218193	Reverse Payroll Accrual - 11/30/17	3025	\$ (1,525.00)
		3025	Included in above
	FICA	3105	\$ 819.84
JE218197	Reverse Payroll Accrual - 11/30/17	3105	\$ (808.00)
	<b>Total 3105</b>		<b>\$ 11.84</b>
	IMRF	3110	\$ 1,069.55
JE218197	Reverse Payroll Accrual - 11/30/17	3110	\$ (1,100.00)
	<b>Total 3110</b>		<b>\$ (30.45)</b>
	INSURANCE	3146	\$ 2,094.93
	<b>Payroll Total</b>		<b>\$2,116.16</b>

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD324958	VERIZON WIRELESS	4096	\$ 109.63
VD324625	ANSERCALL 24 LLC	4130	\$ 22.85
VD293551	MERCY HEALTH SYSTEM	4246	\$ 124.00
VC293548	METRO INFECTIOUS DISEASE CONSULTANTS	4246	\$ 500.00
VC293547	METRO INFECTIOUS DISEASE CONSULTANTS	4246	\$ 500.00
VC294141	MERCY HEALTH SYSTEM	4246	\$ 62.00
VC294140	ACL LABORATORIES	4442	\$ 7.15
VD324186	ACEVEDO LOLA	5040	\$ 9.27
VD324235	PEREZ ANGELICA	5040	\$ 45.78
VD324234	BURCK DANIELLE	5040	\$ 47.96
VD324233	KURKA AMANDA	5040	\$ 20.17
VD324932	ACEVEDO LOLA	5040	\$ 55.59
VD324980	MONTANA CONCEPCION	5040	\$ 104.64
VD324953	ILLINOIS STATE TOLL HIGHWAY	5050	\$ 3.90
VD324488	MOORE MEDICAL LLC	5080	\$ 194.12
VC293545	BRANDT PHARMACY INC	5085	\$ 166.92
VC293664	BRANDT PHARMACY INC	5085	\$ 166.92
VC294143	BRANDT PHARMACY INC	5085	\$ 70.16
VD324491	BELLAVIA DEBORAH	8090	\$ 10.00

**Expense Total**      \$      2,221.06

<b>Grand Total</b>	<b>\$</b>	<b>4,337.22</b>
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TUBERCULOSIS CARE AND TREATMENT FY2018

LINE ITEM	DEC.	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	TOTAL
7100-PROPERTY TAXES					\$1.30	\$13,074.82	\$80,801.67	\$1,911.11	\$1,267.88	\$66,340.19	\$2,466.81		\$172,863.78
8000-FEES FOR SERVICE	\$150.00	\$230.00	\$350.00	\$310.00	\$240.00	\$290.00	\$1,399.25	\$520.00	\$819.25	\$460.00	\$220.00		\$5,028.50
9405													\$0.00
9417-MEDICAL		\$24.00	\$44.00	\$68.00	\$16.00	\$12.00	\$8.00	\$4.00	\$8.00	\$32.00	\$20.00		\$236.00
9510-INTEREST INCOME	\$466.80	\$178.68	\$407.55	\$144.37	\$445.25	\$456.75	\$555.06	\$561.42	\$519.05	\$555.68			\$4,838.41
9511-RE TAX DIST RT													\$0.00
9990													\$0.00
<b>TOTAL REVENUE</b>	<b>\$616.80</b>	<b>\$792.68</b>	<b>\$781.35</b>	<b>\$822.37</b>	<b>\$702.55</b>	<b>\$13,813.57</b>	<b>\$82,733.98</b>	<b>\$2,996.53</b>	<b>\$12,614.18</b>	<b>\$64,338.87</b>	<b>\$2,706.81</b>	<b>\$0.00</b>	<b>\$182,966.69</b>
3010-DEPT. AS SALARIES													\$142,097.45
3020-PART TIME SALARY	\$10,071.08	\$11,658.80	\$13,720.96	\$12,821.34	\$13,581.55	\$14,854.51	\$15,856.22	\$12,828.00	\$14,212.43	\$11,392.32	\$2,120.11		\$172,558.47
3025-Holiday	\$2,500.17	\$1,472.31	\$1,815.07	\$1,620.52	\$1,807.29	\$1,807.28	\$2,535.65	\$1,717.70	\$1,807.29	\$876.59	(\$701.00)		\$5,249.62
3040-OverTime	\$1,525.37	\$2,336.22		\$1,011.56	\$154.19		\$867.79	\$616.47		\$147.29	(\$1,379.27)		\$5,249.62
3040-OverTime	\$36.43												\$36.43
3050-MGMT POOL													\$0.00
3105-SOC.SEC.GCITY SHARE	\$1,771.05	\$1,182.49	\$1,188.50	\$1,182.17	\$1,187.51	\$1,273.10	\$1,473.36	\$1,150.91	\$1,225.51	\$949.82	(\$808.00)		\$11,785.42
3110-ILL-MENING RET FUND	\$2,384.58	\$1,542.65	\$1,550.48	\$1,542.22	\$1,549.18	\$1,660.84	\$1,922.10	\$1,515.16	\$1,596.76	\$1,259.12	(\$1,100.00)		\$15,403.09
3146-EMPLOYEE HEALTH	\$2,672.58	\$2,707.92	\$2,707.92	\$2,707.92	\$2,707.92	\$2,707.92	\$1,613.65	\$1,613.65	\$1,613.65	\$2,148.85			\$20,494.06
<b>PERSONNEL SUBTOTAL:</b>	<b>\$77,288.68</b>	<b>\$20,855.14</b>	<b>\$20,982.87</b>	<b>\$20,885.53</b>	<b>\$20,967.64</b>	<b>\$22,283.65</b>	<b>\$24,268.97</b>	<b>\$19,448.89</b>	<b>\$20,457.64</b>	<b>\$16,753.79</b>	<b>(\$1,868.16)</b>	<b>\$0.00</b>	<b>\$212,924.54</b>
4001-Contractual Services	\$109.00						\$5,000.00			\$5,000.00			\$10,000.00
4005-ASSOC DUES/STAFF										\$80.00			\$80.00
4006-TRAINING							\$30.00						\$30.00
4008-SUBSCRIPTIONS								\$16,050.00					\$16,050.00
4055-PRINTING		\$39.08											\$39.08
4096-TELEPHONE		\$28.18	\$32.89	\$28.18	\$29.84	\$27.87	\$28.55	\$20.04	\$28.51	\$28.21	\$109.63		\$370.90
4101-RENT													\$0.00
4130-MAINTENANCE Assessment		\$26.71		\$331.28			\$14.40			\$14.74	\$22.85		\$409.98
4131-MAINTENANCE OFFICE EQUIP													\$0.00
4246-MEDICAL		\$896.00	\$1,000.00	\$230.44	\$310.00	\$590.00	\$990.00	\$1,500.00	\$372.00	\$248.00	\$1,186.00		\$7,082.44
4320-Spirit and Maintenance													\$0.00
4424-LAB			\$7.15	\$21.56		\$46.67	\$161.90	\$50.91	\$41.87	\$61.17	\$7.15		\$401.38
4449-GARAGE DISPOSAL						\$50.00			\$100.00				\$150.00
4570-Contractual, Line Doc Expense													\$0.00
<b>CONTRACTUAL SUBTOTAL:</b>	<b>\$199.00</b>	<b>\$899.97</b>	<b>\$1,040.04</b>	<b>\$5,614.46</b>	<b>\$339.84</b>	<b>\$654.54</b>	<b>\$6,134.85</b>	<b>\$17,629.95</b>	<b>\$842.38</b>	<b>\$5,497.12</b>	<b>\$1,235.63</b>	<b>\$0.00</b>	<b>\$39,877.78</b>
5010-OFFICE SUPPLIES				\$41.31		\$76.71							\$124.02
5020-OFFICE EQUIPMENT													\$0.00
5030-Postage													\$0.00
5040-REVENUE		\$39.92	\$156.46	\$102.46	\$138.98	\$238.45	\$295.59	\$104.64	\$289.95	\$183.50	\$283.41		\$1,934.96
5050-MEETING EXPENSE						\$340.56					\$3.90		\$344.26
5070-MATERIALS													\$0.00
5080-MEDICAL SUPPLIES			\$0.40			\$165.42					\$194.12		\$357.94
5085-MEDICATION		\$976.46	\$750.58	\$666.71	\$210.48	\$887.07	\$464.12	\$52.62	\$384.90	\$352.63	\$104.00		\$5,109.57
5115 Computer components under \$5K													\$0.00
5115 Computer Software under \$5K													\$0.00
5160-Vehicle													\$0.00
5210-PUBLICATIONS													\$0.00
5099 PETTY CASH													\$0.00
<b>COMMODITIES SUBTOTAL:</b>	<b>\$0.00</b>	<b>\$986.38</b>	<b>\$897.44</b>	<b>\$816.48</b>	<b>\$349.46</b>	<b>\$1,806.01</b>	<b>\$759.51</b>	<b>\$157.26</b>	<b>\$674.85</b>	<b>\$557.93</b>	<b>\$886.43</b>	<b>\$0.00</b>	<b>\$7,870.75</b>
<b>TOTAL EXPENSES</b>	<b>\$27,487.68</b>	<b>\$22,741.49</b>	<b>\$22,920.35</b>	<b>\$27,316.47</b>	<b>\$24,656.94</b>	<b>\$24,744.20</b>	<b>\$31,163.23</b>	<b>\$37,236.10</b>	<b>\$21,674.87</b>	<b>\$22,788.84</b>	<b>\$342.90</b>	<b>\$0.00</b>	<b>\$260,073.07</b>
<b>NET INCOME</b>	<b>(\$26,870.88)</b>	<b>(\$21,948.81)</b>	<b>(\$22,139.00)</b>	<b>(\$26,494.10)</b>	<b>(\$20,954.39)</b>	<b>(\$10,930.63)</b>	<b>\$51,570.75</b>	<b>(\$34,239.57)</b>	<b>(\$9,060.69)</b>	<b>\$41,597.03</b>	<b>\$2,363.91</b>	<b>\$0.00</b>	<b>(\$77,106.33)</b>

AMOUNT	BUDGET	REMAINING	%
\$ 250,000.00	\$ 77,136.22	69.1%	
\$ 6,000.00	\$ 971.50	83.8%	
\$ -	-	0.0%	
\$ 2,600.00	\$ (236.00)	#DIV/0!	
\$ 25.00	\$ (2,238.41)	186.1%	
\$ 79,275.00	\$ 25.00	0.0%	
\$ 337,900.00	\$ 154,933.31	54.1%	
\$ 169,515.00	\$27,417.55	83.8%	
\$ 21,075.00	\$3,816.53	81.9%	
\$ 10,036.00	\$4,786.38	52.3%	
\$ 4,514.00	(\$56.43)	#DIV/0!	
\$ 15,693.00	\$3,907.58	75.1%	
\$ 20,549.00	\$5,145.91	75.0%	
\$ 21,918.00	\$1,423.94	93.5%	
\$ 263,300.00	\$50,975.46	80.6%	
\$ 20,500.00	\$5,301.00	74.1%	
\$ 350.00	\$270.00	22.9%	
\$ 500.00	\$405.00	19.0%	
\$ 300.00	(\$16,050.00)	#DIV/0!	
\$ 300.00	\$260.92	13.0%	
\$ 500.00	\$129.10	74.2%	
\$ 1,500.00	\$0.00		
\$ 300.00	\$1,090.02	27.3%	
\$ 300.00	\$300.00	0.0%	
\$ 30,000.00	\$22,917.56	23.6%	
\$ 1,000.00	\$0.00	#DIV/0!	
\$ 600.00	\$598.62	40.1%	
\$ 55,550.00	\$0.00	#DIV/0!	
\$ 1,000.00	\$875.98	12.4%	
\$ -	\$0.00	#DIV/0!	
\$ 50.00	\$50.00	0.0%	
\$ 2,500.00	\$555.04	77.4%	
\$ 1,000.00	\$655.74	34.4%	
\$ 1,500.00	\$1,500.00	0.0%	
\$ 3,000.00	\$2,642.06	11.9%	
\$ 10,000.00	\$4,890.43	51.1%	
\$ -	\$0.00	#DIV/0!	
\$ -	\$0.00	#DIV/0!	
\$ 5160	\$0.00	#DIV/0!	
\$ 5210	\$0.00	0.0%	
\$ 5099	\$0.00	0.0%	
\$ 19,050.00	\$11,179.25	41.3%	
\$ 337,900.00	\$77,826.93	77.0%	

% received

# **MONTHLY REPORT**

# MCDH Nurse Report

September, October & November 2018

## Skin Testing:

- In September 17 clinics were held with 53 skin tests performed. 0 IGRAs collected.
- In October 21 clinics were held with 145 skin tests performed. 4 IGRAs collected.
- In November 21 clinics were held with 36 skin tests performed. 0 IGRAs collected.

## Doctor Clinic:

- On September 24th Doctor Clinic was held with 4 chest x-rays reviews and 9 charts reviewed.
- On October 23rd Doctor Clinic was held with 4 chest x-rays and 5 charts reviewed.
- On November 19<sup>th</sup> Doctor Clinic was held with 26 chest x-rays and 30 charts reviewed.

## Patient Update:

- One active TB patient completed medications 9/17/18.
- Second active TB client identified and started on RIPE therapy on 10/6/18. She is now in the continuation phase of medications.
- Third active TB client transferred from Texas to McHenry County. In the continuation phase of medications.

## Activities:

### PADS TST testing:

- 9/26 & 9/28-3 clients tested
- 10/16 & 10/18-8 clients tested
- 11/13 & 11/15-5 clients tested

### Alden Terrace Contact Investigation:

- 10/15 & 10/17-38 clients tested
- 10/29 & 10/31-52 clients tested

## Webinars/Trainings:

- Ongoing Case Management course through the Southeastern National Tuberculosis Center
- Webinar 10/11/18: What's the Plus in Quantiferon Gold Plus?
- SNTC Webinar: When TB is the least of their worries: Immigration

## Upcoming events:

- TB 101 in Springfield 12/5 & 12/6
- Northern Illinois Tuberculosis Control Authorities 12/13
- Annual Employee TB TST Testing January 2019



**TUBERCULOSIS PROGRAM MONTHLY REPORT FY 2018**

**EDUCATION**

TB STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
<b>PRESENTATIONS</b>														
# of Presentations				1							1		2	
# of Attendees				10							11		21	
<b>1:1 EDUCATION (PUBLIC &amp; HCPs) (HOURS)</b>														
Phone contacts	3.24	4.84	7.75	5.75	4.67	5.5	4.58	5.09	4.83	3.33	19.17	3.75	72.5	13
Face to Face contacts (@MCDH)	19.75	23.5	19.66	23.83	29.67	15.58	14.92	19.33	20.16	12.91	29.92	12.83	242.06	30.01
Case Mangement	3.33	0.67	6.25	9	3.5	6.75	5.58	6.17	3.59	3.92	24.75	5.92	79.43	12.34
TB Board Meeting Prep.		2		2	1	1	1	2	2	1		2	14	2

**TESTING**

TB SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
<b>MCDH (Annex B)</b>														
# of Clinics	15	14	14	17	17	17	18	19	23	17	21	21	213	34
# of IGRAs					1	2	1		1		4		9	
# of skin tests	47	107	52	62	167	44	41	60	106	53	145	36	920	140
<b>Outreach Testing</b>														
<b>PADS / Old Firehouse</b>														
RN time - hours	3.5	4.75	8.25	4	6.5	4		2	2	2	7	2.5	46.5	10
# of site visits	2	4	4	2	4	2		2	2	2	2	1	27	4
# of skin tests	7	17	16	12	9	3		1	5	3	8	5	86	11
<b>Contact Investigation Testing</b>														
RN time - hours							2				15	1	18	
# of site visits											6		6	
# of skin tests							3				92	2	97	
<b>Total Skin Tests</b>	<b>54</b>	<b>124</b>	<b>68</b>	<b>74</b>	<b>176</b>	<b>47</b>	<b>44</b>	<b>61</b>	<b>111</b>	<b>56</b>	<b>245</b>	<b>43</b>	<b>1103</b>	<b>151</b>

POSITIVE SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Positive skin tests/Outside agency		2	1	1	3		7	1	7	3	8	1	34	6
Positive skin tests /MCDH clinics	3	1		3		1	1	1		1		1	12	2
Positive skin tests/PADS														
Positive skin tests /Outreach Sites														
Positive skin tests/Contacts							2				1		3	
<b>Total</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>9</b>	<b>2</b>	<b>49</b>	<b>8</b>
<b>County Positive Skin Test Rate*</b>	<b>0.98</b>	<b>0.98</b>	<b>0.33</b>	<b>1.30</b>	<b>0.98</b>	<b>0.33</b>	<b>3.25</b>	<b>0.65</b>	<b>2.28</b>	<b>1.30</b>	<b>2.93</b>	<b>0.65</b>	<b>15.94</b>	<b>2.60</b>

DIAGNOSTIC STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
X-Rays Ordered	16	5	5	6	7	4	4	3	3	2	12	6	73	11
Sputum Collected	3		9		1	7	3				1		24	9
Laboratory Tests Ordered	2	4	2	4	1	6	2	3		2	3	1	30	5

**MD CLINIC (HOURS)**

MD CLINIC (HOURS)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Pre Clinic RN Prep Time	3.17	1.25	1	3.83	1.25	1.75	1.25	2	0.50	0.50	0.67	0.5	17.67	2.83
Pre Clinic Clerical Prep Time	2.5	2.75	3.25	4.75	3.25	4.5	4.75	3.75	1.58	1.00	2.17	2.75	37	14.25
<b>Total Pre Clinic Prep Time</b>	<b>5.67</b>	<b>4</b>	<b>4.25</b>	<b>8.58</b>	<b>4.5</b>	<b>6.25</b>	<b>6</b>	<b>5.75</b>	<b>2.08</b>	<b>1.50</b>	<b>2.84</b>	<b>3.25</b>	<b>54.67</b>	<b>17.08</b>
<b>Total Clinic Time</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1.5</b>	<b>1.5</b>	<b>1.00</b>	<b>1.50</b>	<b>1</b>	<b>12.50</b>	<b>2</b>
Post Clinic RN Time	3	1.58		0.5	1.58	0.83	0.25	1	1.17	0.17	2.00	0.5	12.58	3
Post Clinic Clerical Time	5.25	6.75		7.75	5.75	4.25	5.5	6.75	6.00	4.50	3.50	5.75	61.75	18.75
<b>Total Post Clinic Contact</b>	<b>8.25</b>	<b>8.33</b>		<b>8.25</b>	<b>7.33</b>	<b>5.08</b>	<b>5.75</b>	<b>7.75</b>	<b>7.17</b>	<b>4.67</b>	<b>5.50</b>	<b>6.25</b>	<b>74.33</b>	<b>21.75</b>
<b>Total</b>	<b>14.92</b>	<b>13.33</b>	<b>4.25</b>	<b>17.83</b>	<b>12.83</b>	<b>12.33</b>	<b>12.75</b>	<b>15</b>	<b>10.75</b>	<b>7.17</b>	<b>9.84</b>	<b>10.5</b>	<b>141.5</b>	<b>40.83</b>

**LTBI**

PREVENTIVE STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Positive clients transferred into county					1							1	2	
Positive Interviews	16	5	3	7	8	11	10	7	8	4	8	6	93	11
Clients Starting LTBI	3	4	2	1	1	2	1	3		2	2	2	23	4

\*Rate is per 100,000 using the 2015 estimated census population of 307,357 from the US Census Bureau

## I. Numbers of Cases

There have been 236 cases of active TB reported and confirmed as of today. Compared to the same week last year, there were 244 cases reported. We are 8 cases behind of the number reported this week last year.

2018 to date

DuPage County	35
Kane County	8
Kendall	1
Lake County	14
McHenry	1
Will County	5
Winnebago	1
Suburban Cook	63
Chicago	84

# **PROGRAM HIGHLIGHTS**

# **OLD BUSINESS**

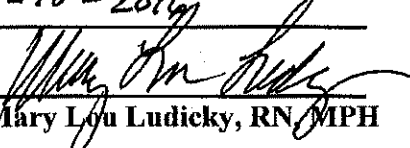
**BY-LAWS  
AND  
RULES AND REGULATIONS**


**MCHENRY COUNTY  
TUBERCULOSIS CARE AND TREATMENT BOARD**

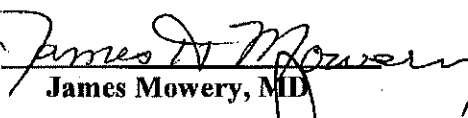

**APPROVED AND ADOPTED JUNE, 1959  
REVISED DECEMBER 13, 1965  
REVIEWED JUNE, 1988  
REVIEWED JANUARY, 1994  
REVISED FEBRUARY 8, 1994  
REVIEWED JULY, 1997  
REVISED JANUARY 20, 1998  
REVISED MARCH, 2002  
REVISED NOVEMBER 15, 2016**

**REVISION REVIEWED AND  
APPROVED BY TUBERCULOSIS CARE  
AND TREATMENT BOARD**

**REVISION REVIEWED AND  
APPROVED BY TUBERCULOSIS  
MEDICAL DIRECTOR**

Date 11-15-2016  
President   
Mary Lou Ludicky, RN, MPH

Date Nov 18th 2016  
  
Dr. Irfan Hafiz

Vice  
President   
James Mowery, MD  
Secretary   
Rebecca Rockwood, MT (ASCP)

THIS BOARD SHALL ASSURE PROVISION FOR COMPLETE CARE TO INCLUDE MEDICAL CARE, REHABILITATION, SOCIAL SERVICES, AND PATIENT EDUCATION AS IS DEEMED NECESSARY TO EFFECT A CURE OF PERSONS AFFLICTED WITH TUBERCULOSIS.

### **STATUTORY AUTHORITY**

Tuberculosis Sanitarium 55 ILCS 5/5 23001 et. seq.  
Department of Public Health Act 20 ILCS 2305/2.  
Communicable Disease Report Act 745 ILCS 45.

### **PURPOSE**

The McHenry County Tuberculosis Care and Treatment Board will assure provision for out-patient tuberculosis health care and treatment services either directly or by contractual agreements to the residents of McHenry County. Those services shall include, but are not limited to medical care, rehabilitation services, social services, patient education and community education and screenings. In addition to patient care, the McHenry County Care and Treatment Board is responsible for case finding, surveillance, and the overall planning and policy for TUBERCULOSIS control efforts within its jurisdiction.

### **POLICY STATEMENT**

Policies, procedures and guidelines of the McHenry County Tuberculosis Care and Treatment Board are consistent with the recommendations of the American Thoracic Society, The Infectious Disease Society of America, The Centers for Disease Control and Prevention, and The Illinois Department of Public Health.

### **BY-LAWS**

#### **ARTICLE I.       NAME**

The name of this organization shall be the McHenry County Tuberculosis Care and Treatment Board.

#### **ARTICLE II.       OBJECT**

This Board is formed for the purpose of controlling and eradicating the disease tuberculosis in McHenry County, Illinois, and to administer the law of this State which applies thereto. This Board proposes to cooperate to the fullest extent with all other official and voluntary agencies in this County, State and Nation which are functioning for improved public health, insofar as such cooperation is consistent with the intent of the legislation now in effect in this State.

### **ARTICLE III. STRATEGIES**

The following strategies have been determined to be fundamental to the prevention and control of tuberculosis:

1. Provide education on tuberculosis risks, screening, prevention, and treatment to the County's healthcare providers, community partners, and general public.
2. Conduct surveillance and screenings of high risk populations to identify latent or active tuberculosis.
3. Provide appropriate treatment and isolation of active cases of tuberculosis to assure cure and prevent spread of tuberculosis in the community.
4. Offer prophylactic treatment to latent tuberculosis cases in order to prevent tuberculosis infection from progressing to active disease.
5. Identify and screen individuals who have been in contact with active tuberculosis cases in order to determine if they have latent or active tuberculosis and to assure appropriate treatment.

### **ARTICLE IV. MEMBERSHIP**

The membership of this Board shall consist of three persons appointed by the chairman of the McHenry County Board with approval of the County Board: one at least of whom shall be a licensed physician, and all of whom shall be chosen with the reference to their special qualifications for such office. (See 55 ILCS 5/5-23007)

### **ARTICLE V. TERM OF OFFICE: REMOVAL**

Each member of the Board shall be appointed for a term of three years, or until a successor is appointed, one member's term expiring each year. The chairman or president, as the case may be, of the County Board shall with advice and consent of the County Board, before the first day of July each year, appoint one member to take the place of the retiring member, who shall hold office for three (3) years and/or until his successor is appointed.

### **ARTICLE VI. VACANCIES: COMPENSATION**

Vacancies in this Care and Treatment Board, occasioned by removal, resignation or otherwise, shall be reported to the McHenry County Board and be filled in like manner as original appointments: and no member of this Care and Treatment Board shall receive compensation as such, or be interested, either directly or indirectly, in the purchase or sale of any supplies used in connection with the functioning of said Care and Treatment Board or any of the Board's statutory purposes, duties or obligations.

## **ARTICLE VII. OFFICERS**

- A) The members of this Care and Treatment Board, at the next scheduled meeting, after the appointment of a new member or members, shall organize, by the election of one of their number as president, one as vice president and one as secretary, and will elect such other officers as they deem necessary.
- B) Annually at the regular meeting in July, there shall be held an election of officers of this Board at such hour and place as the president may designate. Public notice of any meeting shall be given by posting a copy of the notice at the principal office of the body holding the meeting, or at the building in which the meeting is to be held. The agenda must be posted at least forty-eight (48) hours in advance. This meeting shall be considered a regular meeting and all business, which may be transacted at any regular meeting, may be transacted at this meeting. Every July, if that is the fiscal years of the Board, public notice of all the regular meetings for the next year must be given to the public.
- C) Whenever a vacancy occurs in any office, the president shall appoint another member to serve during the unexpired term of the office in which such vacancy exists. In case of a vacancy in the office of president, the vice-president shall serve out the unexpired term of president.
- D) All officers of this Board shall hold their respective offices from the date of election in July to the election meeting in July of the next year.

## **ARTICLE VIII. DUTIES OF OFFICERS**

- A) It shall be the duty of the president of this Board to preside over all regular and special meetings of this Board, and to perform all other duties not inconsistent with the law. In the absence of the President, the Vice President shall preside.

## **ARTICLE IX. REGULAR MEETINGS**

The McHenry County Tuberculosis Care and Treatment Board shall hold at least one regular meeting quarterly, but may schedule regular meetings more frequently at such time and place as designated by the president of this Board. Regular meetings shall be cancelled, by the President, if a quorum (at least 2 Board members) will not be available. An agenda shall be posted and notice of time and place shall be given to members of the Board at least forty-eight (48) hours prior thereto, by the president. No business concerning this Board shall be conducted outside of a regular or called meeting. Regular meetings will conform and comply with Open Meetings Act, 5 ILCS 120/1 et. seq.

## **ARTICLE X. SPECIAL MEETINGS**

A special meeting may be called by the president, or by the two (2) other members of this Board, to be held at such time and place as the president, if he/she calls the special meeting, shall



designate; or, to be held at such time and place as the other two members of this Board, if they call the special meeting, shall designate. All notices of special meetings shall be given in writing forty-eight (48) hours before the time appointed therefore, meeting will conform and comply with Open Meetings Act, 5 ILCS 120/1 et. seq. In the call for a special meeting there shall be stated the nature of business to be transacted and only such business as shall be stated in the call shall be transacted.

#### **ARTICLE XI. FISCAL YEAR**

1. The fiscal year of McHenry County Tuberculosis Care and Treatment Board shall conform to and be identical with that of the McHenry County Board.
2. At the annual July meeting of this Board, they shall adopt the proposed budget prepared by the Communicable Disease Coordinator, Director of Public Health Nursing, and Public Health Administrator to be submitted to County Administration.

#### **ARTICLE XII. ORDER OF BUSINESS MEETINGS**

The order of business at all regular meetings shall be as follows:

1. Call to Order
2. Public Participation
3. Consent Agenda, including corrections and approval of minutes of previous meeting
4. Monthly Report
5. Program Highlights
6. Old Business
7. New Business
8. Board Issues
9. Information Sharing
10. Executive Session
11. Adjournment

#### **ARTICLE XIII. QUORUM**

Any two members of this Board shall constitute a quorum.

#### **ARTICLE XIV. AMENDMENTS OF BY-LAWS AND RULES AND REGULATIONS**

These by-laws and rules and regulations of this Tuberculosis Care and Treatment Board shall be reviewed annually at the November regular scheduled meeting and may be amended at any regular or special meeting of this Board provided that all three members are present; and so long as said amendment is not inconsistent with its (Constitution) **Statutory Authority**.

## **ARTICLE XV.      CONTRACTS**

McHenry County Care and Treatment Board be allowed to enter into any contracts that will facilitate the management of Tuberculosis care and treatment services as may be authorized by law.

### **RULES AND REGULATIONS**

#### **I. ELIGIBILITY FOR CARE**

A person is entitled to receive the benefits provided for in conjunction with the Care and Treatment Board in the County:

- A. in which he/she resides at the time he/she is first diagnosed as having tuberculosis, or suspected of having tuberculosis, for the period from the time of that diagnosis until his/her case becomes inactive or he/she has resided outside of that County, whichever first occurs;
- B. in which he/she has resided with a known case of tuberculosis after moving from the County where the case was first diagnosed; or
- C. in which he/she has resided with a known, but inactive, case of tuberculosis which subsequently is reactivated.

The McHenry County Tuberculosis Care and Treatment Board may provide treatment to any person afflicted with tuberculosis regardless of his residence (international travelers) or does not meet Paragraph A, B, or C of this Section.

#### **II. TREATMENT**

- A. The McHenry County Tuberculosis Care and Treatment Board shall provide out-patient diagnostic, treatment and observation services to all persons residing in its County regardless the length of time of that residence.
- B. Medication for treatment will be provided for both active and latent cases.
- C. Persons afflicted with active tuberculosis who refuse the services and facilities of this Tuberculosis Care and Treatment Board shall be reported to the Illinois Department of Public Health and shall be subject to isolation orders by the County Public Health Administrator and State's Attorney.

#### **III. X- RAYS**

- A. The McHenry County Tuberculosis Care & Treatment Board shall provide chest x-rays of identified active and latent cases.
- B. The McHenry County Tuberculosis Care & Treatment Board shall provide x-rays for persons diagnosed or suspected of having extra-pulmonary tuberculosis, based on recommendations by the Board's licensed medial director.

#### **IV. REPORTS**

- A. All reports of x-ray findings and laboratory examinations of persons diagnosed or suspected of having active tuberculosis, as provided for by the McHenry County Tuberculosis Care & Treatment Board shall remain the property of this Tuberculosis Care and Treatment Board.
- B. Copies of all reports as outlined in Section IV-A. shall be provided to the attending physician.



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

November 28, 2018

Amanda Kurka  
McHenry CO Health Dept, 2200 N Seminary Ave, Annex B.  
Woodstock, IL 60098

RE: Complaint #(s): IL106671  
Date of Survey: 103018

Dear Complainant:

The Department of Public Health has completed its investigation into the complaint you filed against Alden Terrace of McHenry Rehab. After investigating and reviewing the evidence, the Department determines whether allegations are valid, invalid, or undetermined. Attached is a Complaint Determination Form stating the outcome of the Department's investigation into your allegation(s). Depending upon the outcome, the Department may cite a facility with one or more state violations or federal deficiencies. If the Department determined that is Invalid or Undetermined, please understand this does not mean what you alleged did not occur, but rather it means that at the time of the investigation the Department could not find enough independent evidence to support a Valid determination and so could not cite the facility.

If you believe that the Department did not properly investigate your allegations, you may request a hearing to challenge the Departments' investigation under Section 3-703 of the Illinois Nursing Home Care Act {(210 ILCS 45/1-101)} or the ID/DD Community Care Act {(210 ILCS 47/1-101)} or the MC/DD Act {(210 ILCS 46/1-101)}. If this complaint was the subject of a formal administrative hearing or Final Order you are not entitled to hearing. 77 Ill. Adm. Code 100.6(g). Hearings are limited to whether or not the Department conducted a proper investigation or whether the evidence supports the Department's determination. As the Complainant, you bear the burden of proving, with legally sufficient evidence: 1) specifically how or why the Department's investigation was inadequate; or 2) successfully prove your case to the Administrative Law Judge, then the Department may be ordered to re-investigate or to reconsider its determination. No other remedies are available from the Department under the Nursing Home Care Act {(210 ILCS 45/1-101)} or ID/DD Community Care Act {(210 ILCS 47/1-101)} or MC/DD Act, {(210 ILCS 46/1-101)}.

To request a formal hearing, you must submit a written request to the Department within 30 calendar days of your receipt of this letter. **Please email your hearing request to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov).** If your facility does not have email capabilities then you can mail it to the attention of: **Sammye Geer, IDPH, Long Term Care/QA, 525 West Jefferson Street, Springfield, IL 62761.** To request to send the complaint finding to another person, please complete the enclosed Form C (Request to Send Complaint Finding to Another Person) and mail to the attention of **Sammye Geer at the address shown above.** As a complainant, you have the right to hire a private attorney (at your own cost) or you may represent yourself. All hearings are conducted according to the Department's Rules

PROTECTING HEALTH, IMPROVING LIVES

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of Practice and Procedure contained in 77 Ill Adm. Code 100, which can be found on the Department's website at [www.idph.state.il.us](http://www.idph.state.il.us).

If you have questions or suggestions concerning IDPH's investigative process, please contact the Division of Long Term Care Quality Assurance at 217-782-5180 or at 800-547-0466 (TTY). IDPH shares your concern for the residents of long term care facilities in Illinois.

Sincerely,

A handwritten signature in cursive script that reads "Sherry Barr".

Sherry Barr  
Division Chief of Quality Assurance  
Office of Health Care Regulations

Enclosure

Form C

cc: File

Alden Terrace of McHenry Rehab/103018/KB/ComplaintLetter

FAC. NAME: ALDEN TERRACE OF MCHENRY REHAB  
LIC. ID #: 0040691  
DATE COMPLAINT RECEIVED: 10/18/18 10:03:00

COMPLAINT #: 0106671

IDPH Code	Allegation Summary	Determination
-----	-----	-----
106	COMMUNICABLE DISEASE	<u>1</u>

X The facility has committed violations as indicated in the attached\*  
     No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

## Determination Codes

- 
- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
  - 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
  - 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/27/2018  
FORM APPROVED  
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/30/2018
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 803 ROYAL DRIVE MCHENRY, IL 60050		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 880 SS=F	<p>Complaint Investigation #1816781/IL106589- No deficiency</p> <p>Complaint Investigation #1816851/IL106672- No deficiency</p> <p>Complaint Investigation #1816854/IL106671-F880</p> <p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		11/6/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/06/2018

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have an effective infection prevention</p>	F 880			



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F 880	<p>Continued From page 2</p> <p>program to identify and screen for tuberculosis. The facility failed to do a facility risk assessment related to communicable disease and failed to have an accurate documented initial baseline screening for residents and staff. The facility failed to identify the extent of the tuberculosis exposure and provide testing as recommended by the local health department.</p> <p>This affects all 168 residents in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated October 19, 2018 shows there are 168 residents residing in the facility.</p> <p>On October 23, 2018 at 11:41, V7 (County Health Department Nurse) stated V7 informed V2 (Director of Nursing) on October 10, 2018, R1 was positive for tuberculosis. V7 asked V2 to identify the residents and staff who were potentially exposed to R1. V7 stated if the facility could not identify who R1 potentially exposed they should test all the staff and residents. V2 (Director of Nursing) told her, the resident went to the "dining room twice and went to therapy." V7 asked V2 if she knew where R1 sat in the dining room. V2 stated she did not know and was not able to provide a seating chart. V7 stated she instructed V2 to test all the residents on the wings involved. V7 stated since R1 was receiving therapy all the residents receiving therapy would also need to be tested. V7 stated the facility developed a list of staff that were potentially exposed. This list included 63 people. This list included nurses, CNAs (Certified Nursing Assistants), dietary, housekeeping. V7 stated the facility sent a list of residents receiving therapy</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>between September 4- September 16, 2018. (28 residents). V7 stated she spoke with her supervisor and they decided to come to the facility and test the identified facility staff. They set up two testing dates for October 15th and 17, 2018. V7 stated as of today not all of the identified staff have been tested. She informed V2 if the staff is not tested by October 26, 2018 they would not be able to work. V7 was asked by this surveyor if she was aware the therapy department was on the first floor. V7 stated she was led to believe by V2 the therapy room was on the same floor. V7 was asked by this surveyor if she was aware the residents receiving therapy were throughout the building. V7 stated she was led to believe by V2 they (identified resident) were all on the same unit. Upon being notified by this surveyor that R1 had been throughout the facility and the identified residents were throughout the facility, V7 stated "this changes things. All of the identified exposed residents and staff need to be tested."</p> <p>On October 24, 2018, V7 provided R1's TB laboratory testing results from her hospital bronchoscopy performed on August 31, 2018. The results were recorded on September 29, 2018, showed Mycobacterium tuberculosis complex identified by DNA probe.</p> <p>On October 22, 2018 at 3:30 PM, V5 (Licensed Practical Nurse) stated R1 stayed mostly in her room. She went into the second floor common lounge area which was open to all resident, to read her book or watch television. V5 stated V5 recalled there being a male resident in the lounge with her but doesn't recall who it was. V5 stated R1 had a cough while there at the facility. R1 did go downstairs to therapy. Therapy is on the first</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>floor, so R1 would have had to take the main elevator down to therapy. R1 would have past other residents on R1's way to and from therapy.</p> <p>On October 22, 2018 at 11:03, V6 (CNA) and V9 (Business Office Manager) whom interpreted for V6 were interviewed in the conference room. V6 stated through V9, R1 would go to the dining room for lunch and dinner at times. Most of the time R1 had R1's meals in R1's room. R1 always ate R1's breakfast in R1's room.</p> <p>On October 23, 2018 at 1:15 PM, V23 (Physical Therapist) stated V23 recalled completing R1's initial therapy evaluation and one other therapy session in R1's room. R1's other therapy sessions were done in the therapy gym. The therapy gym is on the first floor. R1 would ride the bike, walk in the hallways of the 200 wing, the hallway by the first floor nurses station, and the hallway by the front entrance of the facility. R1 would also walk in the hallways on the second floor in front of the dining room, by the nurse's station and on the 500 hallway. V23 was asked by this surveyor, if R1 passed other residents or staff during her therapy session in the hallways. V23 stated, "I'm sure we passed a lot of people." We walked passed activity staff, "visitors", and residents sun bathing in front of the windows next to therapy room. Residents would walk past us on their way to the dining room. V23 stated there would have been residents in the elevator to and from therapy as well. When V23 was asked if R1 had a cough, V23 stated, "yes, she did it was productive at times she would ask for a tissue." V23 stated no one from the facility, including V2 (DON) had asked her about R1's therapy sessions or where they took place.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>On October 19, 2018 at 9:59 AM, V2 (Director of Nursing) stated R1 was admitted to the facility on September 4, 2018 and was discharged home on September 16, 2018. R1 was not in isolation during her stay at the facility. V2 stated as of today (October 19, 2018) they were only testing the residents that were possibly exposed because R1 did not leave her room. R1 was on therapy. The therapy staff was doing therapy in her room, but they were not sure if she went to the therapy department. We got a list of resident in therapy. Those on therapy were tested. No residents converted. The staff were tested. The staff tested were the nurses, CNAs and housekeeping that were assigned to R1 during September 4-16, 2018. The dietary and therapy staff were also tested. V2 stated R1 was being seen by V8, the pulmonary nurse practitioner.</p> <p>On October 19, 2018 at 12:30 PM, V8 (Pulmonary Nurse Practitioner) stated she saw R1 once during her stay at the facility. The family wanted her antibiotic stopped. V8 stated she reviewed R1's chest x-rays and they did not look typical and so she sent them over to her boss. He recommended a CT of the chest. V8 stated she called R1's son and discussed the x-rays and recommended a CT of the chest. V8 stated she had reviewed R1's hospital stay and bronchoscopy results were still pending for the AFB (Acid Fast Bacteria testing for tuberculosis).</p> <p>October 19, 2018 at 9:55 AM, the facility's Infection Control TB Control Plan, Tuberculosis Control Plan dated 2009 was reviewed. "It is the policy of this facility to institute an effective (TB) Control Plan that includes early detection of latent TB infection, screening for infectious TB disease, follow-up where necessary, appropriate transfer</p>	F 880			

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F 880	Continued From page 6 and isolation of infectious TB and treatment of persons with non-infectious TB ... II. The Director of Nursing or designee, is responsible for developing, implementing and monitoring the TB Control Program in collaboration with the Executive Director. The program will include: 1. Administrative measures to reduce the risk of exposure of residents and employees to persons with infectious TB and implementation of work practices that will ensure early detection, isolation, diagnostic evaluation, and treatment of persons likely to have TB ....4. The risk assessment, which will be updated as needed and at least annually, to determine the risk of exposure to residents and employees to persons with active TB disease and to evaluate the effectiveness of the TB control program ... III. Implementation 1. Healthcare workers (HCW's) will have annual Tuberculin skin test (TST) to assess for possible conversions. 2. All residents will have a Tuberculin Skin Test within 72 hours of admission contraindicated. 3. Residents will be periodically screened for TST conversions in the event of a possible exposure, employee conversions that may indicate an unidentified exposure risk, or if the facilities risk assessment changes. 5b. Screening for latent TB infections by TST testing and symptom review of individuals with a history of positive TST test is performed periodically to identify HCW's or residents who are at risk of developing infectious TB disease or may have early signs and symptoms of disease. 5f. TST results of all HCW's will be recorded in their employee health records and in an easily retrievable aggregate database or line listing. 5g. TST results of residents will be in their medical record and in an easily retrievable aggregate database or line list. 5h. TST conversions will be identified and investigated immediately. The	F 880			

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F 880	<p>Continued From page 7</p> <p>CDC-Center for Disease Control flow chart "protocol for investigating Tuberculin Skin Test (TST) conversions in HCW's will be followed. Early Detection of Disease a. Residents will have a two-step TST upon admission and will be evaluated for symptoms of TB including cough, fever, night sweats weight loss etc ... VIII All possible cases of nosocomial transmission of TB will be investigated through a coordinated effort with the Department of Public Health, local health department, the Infection Control Nurse and the Medical Director of this facility. Appendix B. Tuberculosis (TB) risk Assessment worksheet was blank.</p> <p>On October 19, 2018 at 10:10 AM, the administrator (V1) was asked for TB risk assessment for the facility. At 11:35 AM, V4 (Corporate Nurse) came in and asked what risk assessment we needed. V4 was shown the blank Appendix B. V4 stated they did not have a TB risk assessment completed at this time.</p> <p>On October 19, 2018 at 12:40 PM, V2 and V4 stated they spoke with V7 (County Health Department Nurse) and she assisted them with completing the TB Risk Assessment. V2 stated it is the facility's policy for all new residents to have a two step TB test on admission. The first test is done within 24 hours of admission and the second test is done in seven days. If the resident refuses to do the test, we do a chest x-ray. If a resident is positive we notify the doctor and follow their instructions. All new employees are to have a two-step TB skin test upon hire. The first one is done within seven days of employment and the second a week later. If they are positive they do the TB questionnaire and then go to the local health department. If an employee has a yellow</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>card and cannot have a TB skin test, we do the questionnaire. If the employee doesn't have their yellow card we send them to the local health department.</p> <p>On October 19, 2018, V1 provided a current roster of employees dated October 4, 2018 and the employee TB testing binders. V1 verified all the employees TB testing would be in one of the two binders provided. This surveyor cross referenced the current employee list with the TB testing in the binders. The current roster listed 158 employees and there were only TB testing forms for 57 employees. Of the 57 employees TB forms only 12 employees had evidence of initial TB screening.</p> <p>On October 19, 2018, the facility provided a computer generated report of the current residents in the facility with TB immunizations dated October 19, 2018. This surveyor reviewed the report for resident baseline two step testing. This surveyor was not able to find complete documentation of resident baseline TB testing. There was only 14 residents with initial baseline TB testing completed out of 168 current residents residing in the facility.</p> <p>On October 19, 2018 at 2:35 PM, V2 (Director of Nursing) went through the facility's TB testing binders with this surveyor. This surveyor stated she could not find TB skin tests for all the current employees from the list that was provided by V1. V2 was asked to review the TB tests for the current employees in the book and was asked if they all had initial two step baseline testing or checklist screening questionnaire for those employees with known positive TB test results. V2 stated not all initial TB skin testing was done</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>and screening questionnaires were not done. V2 was asked to review the computer generated report of the current resident's two step Initial TB testing. V2 was asked by this surveyor, if all residents had received and documented two step TB testing on admission. V2 stated no.</p> <p>On October 22, 2018 at 8:45 AM, V4 (Corporate Nurse) and V3 (Assistant Director of Nurses) were at the second floor nurses station. V4 stated they had employees working at the facility from some of their sister facilities. They were still working on getting the employee baseline TB skin testing from their sister facilities. V4 stated they could not find some baseline TB testing on some of their employees. V3 stated she went through the current residents TB testing and was not able to find evidence that all residents received their initial TB two step testing.</p> <p>On October 22, 2018, V3 (Assistant Director of Nursing) provided a list of residents identified as having close contact with R1. V3 stated the residents on the list were residents who were receiving skilled therapy during R1's stay at the facility. R1 had therapy in her room as well as in the therapy room. V3 stated the residents that had lines through their names were discharged, expired and one resident had refused.</p> <p>The facility's list of residents receiving therapy during R1's stay at the facility was compared to the facility's Midnight Census Report dated October 18, 2018. There are residents residing on all occupied units in the building.</p> <p>On October 23, 2018 at 9:30 AM, V2 (Director of Nursing) stated R1 stayed mostly in her room. When V2 was asked what "mostly" meant. V2</p>	F 880			



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F 880	<p>Continued From page 10</p> <p>responded R1 was in her room except for when she went to therapy in the therapy room on the first floor. V2 stated the facility came up with a list of residents that had close contact with R1. The list of residents were the resident receiving therapy at the time R1 was receiving therapy. V2 was asked by this surveyor if R1 was in the elevator or waiting outside of the elevator in close contact with other residents on her way to and from therapy. V2 said, "Could be possible." V2 was asked what staff was tested for exposure. V2 stated the nurses and CNAs with direct care, the housekeeping for her room, social services, the nurse practitioner, therapy staff, dietary staff, and business office staff. V2 was asked why the dietary staff was tested. V2 stated at first my staff told me she went to the dining room, then they told me she mostly stayed in her room except for therapy. V2 was asked by this surveyor if she was aware that on occasion R1 would sit in the second floor common lounge and an unknown male resident would come into the lounge and watch television. V2 stated she was not aware. V2 was asked by this surveyor if she was aware that on occasion R1 went to the dining room for lunch and dinner. V2 stated she was not aware.</p> <p>On October 23, 2018 at 10:05 AM, V22 (Medical Director) stated he was notified by V2 of the TB exposure. He told V2 anyone who had close contact with the resident was to get the skin test. Anyone that was having symptoms should get a (chest) x-ray. The facility should be in contact with the health department and follow their protocols and directions.</p> <p>On October 23, 2018 at 2:15 PM, V2 and V4 provided a timeline of the facility's investigation into the TB exposure. V2 stated she was</p>	F 880			

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F 880	Continued From page 11 informed by V7 the TB exposure was R1. V7 was onsite on October 10th. V7 asked her to come up with a list of residents and staff that were exposed to R1. V2 stated she spoke with the therapy supervisor and the supervisor could not tell V2 where R1 had therapy. V2 was asked by this surveyor if she talked with any of the therapists providing direct care to R1. V2 stated she did not. V2 and V4 were asked by this surveyor, if all of the original 63 staff members identified on October 12, 2018 as being potentially exposed to TB, were tested. V4 stated as of today no. V2 and V4 stated they had staff that worked throughout the building and shared staff with other facilities within the corporation. V2 and V4 were asked by this surveyor, if they were aware the residents receiving therapy and potentially exposed to TB, were located throughout the facility. V4 stated she became aware when V7 called them and told them they need to test the entire facility.	F 880			

## **REQUEST TO SEND COMPLAINT FINDINGS TO ANOTHER PERSON**

Per the Nursing Home Care Act (210 ILCS 45/3-702(e)), the ID/DD Community Care Act (210 ILCS 47/3-702(e)), MC/DD Act (210 ILCS 46/3-702(e)), Illinois Administrative Code 300.3310h), and Illinois Administrative Code 350.3310h):

- The Department shall inform the Complainant of its findings within 10 days of its determination unless otherwise indicated by the Complainant, and the Complainant may direct the Department to send a copy of such findings to another person.

**If you choose to direct the Department to send a copy of the complaint findings to another person, please complete and submit this form to the address shown below within 30 days from when you receive the findings.**

I, \_\_\_\_\_ (Complainant) am hereby directing the Illinois Department of Public Health to send a copy of its findings for Complaint Number \_\_\_\_\_, \_\_\_\_\_ to the person listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Complainants Printed Name: \_\_\_\_\_

Complainants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complainants

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number including area code

**Return the completed form within 30 days to:**

Illinois Department of Public Health  
525 W. Jefferson St., 5th Floor - Quality Assurance, Springfield, Illinois 62761.

SH/Form C

# **NEW BUSINESS**

# **BOARD ISSUES**

# INFORMATION